

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

A Survey of the Health of Mothers and Babies in Rhode Island.

MAKE HE[♥]ALTH PART OF YOUR FAMILY
RHODE ISLAND DEPARTMENT OF HEALTH



PRAMS

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. **Just before you got pregnant, did you have health insurance?** (Do not count Medicaid or RIte Care.)

- ☐ No
☐ Yes

2. **Just before you got pregnant, were you on Medicaid or RIte Care?**

- ☐ No
☐ Yes

3. **In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?**

- ☐ I didn't take a multivitamin at all
☐ 1 to 3 times a week
☐ 4 to 6 times a week
☐ Every day of the week

4. **What is your date of birth?**

Month Day Year

5. **Just before you got pregnant, how much did you weigh?**

____ Pounds OR ____ Kilos

6. **How tall are you without shoes?**

____ Feet ____ Inches

OR ____ Centimeters

7. **Before your new baby, did you ever have any other babies who were born alive?**

- ☐ No → Go to Question 10
☐ Yes

8. **Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

- ☐ No
☐ Yes

9. **Was the baby just before your new one born *more* than 3 weeks before its due date?**

- ☐ No
☐ Yes

10. **Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?**

Check one answer

- ☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant later
☐ I wanted to be pregnant then
☐ I didn't want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to become pregnant?

- ☐ No
☐ Yes → **Go to Question 14**

12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- ☐ No
☐ Yes → **Go to Question 15**

13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply, then go to Question 15.

- ☐ I didn't mind if I got pregnant
☐ I thought I could not get pregnant at that time
☐ I had side effects from the birth control method I was using
☐ I had problems getting birth control when I needed it
☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
☐ My husband or partner didn't want to use anything
☐ Other → Please tell us:

14. Did you take any fertility drugs to help you get pregnant with your new baby? (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)

- ☐ No
☐ Yes

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

15. How many weeks or months pregnant were you when you were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

____ Weeks **OR** ____ Months

- ☐ I don't remember

16. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

____ Weeks **OR** ____ Months

- ☐ I didn't go for prenatal care

17. Did you get prenatal care as early in your pregnancy as you wanted?

- ☐ No
☐ Yes → **Go to Question 19**
☐ I didn't want prenatal care → **Go to Question 19**

18. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

- ☐ I couldn't get an appointment earlier in my pregnancy
☐ I didn't have enough money or insurance to pay for my visits
☐ I didn't know that I was pregnant
☐ I had no way to get to the clinic or doctor's office
☐ The doctor or my health plan would not start care earlier
☐ I didn't have my Medicaid or RItE Care card
☐ I had no one to take care of my children
☐ I had too many other things going on
☐ Other → Please tell us:

If you did not go for prenatal care, go to Page 4, Question 22.

19. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

Check one answer

- ☐ Hospital clinic
☐ Private doctor's office or HMO clinic
☐ Community health center
☐ Other → Please tell us:

20. How was your prenatal care paid for?

Check all that apply

- ☐ Medicaid
☐ Personal income (cash, check, or credit card)
☐ Health insurance or HMO
☐ RItE Care
☐ Other → Please tell us:

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.) For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

	No	Yes
a. How smoking during pregnancy could affect your baby	N	Y
b. Breastfeeding your baby	N	Y
c. How drinking alcohol during pregnancy could affect your baby . .	N	Y
d. Using a seat belt during your pregnancy	N	Y
e. Birth control methods to use after your pregnancy	N	Y
f. Medicines that are safe to take during your pregnancy	N	Y
g. How using illegal drugs could affect your baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in your family	N	Y
i. What to do if your labor starts early	N	Y
j. Getting your blood tested for HIV (the virus that causes AIDS) . .	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

22. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- ☐ No
- ☐ Yes

23. Did you get a flu shot during your most recent pregnancy?

- ☐ No
- ☐ Yes —————→ **Go to Question 25**

24. What were your reasons for not getting a flu shot during your most recent pregnancy? **Check all that apply**

- ☐ My doctor did not mention anything about a flu shot during my pregnancy
- ☐ My doctor recommended against getting a flu shot
- ☐ My doctor did not have the vaccine
- ☐ I wanted to avoid medications during my pregnancy
- ☐ I was worried about side effects of the flu shot for me
- ☐ I was worried that the flu shot might harm my baby
- ☐ Other —————→ Please tell us:

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

25. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ☐ No
- ☐ Yes

26. Did you have any of these problems during your pregnancy? For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	N	Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)	N	Y
c. Vaginal bleeding	N	Y
d. Problems with the placenta (such as abruptio placentae, placenta previa)	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. High blood sugar (diabetes)	N	Y
g. Kidney or bladder (urinary tract) infection	N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)	N	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage) . . .	N	Y
j. You were hurt in a car accident . . .	N	Y

If you did not have any of these problems, go to Question 28.

27. Did you do any of the following things because of these problem(s)? **Check all that apply**

- ☐ I went to the hospital or emergency room and stayed less than 1 day
- ☐ I went to the hospital and stayed 1 to 7 days
- ☐ I went to the hospital and stayed more than 7 days
- ☐ I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

28. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- ☐ No —————→ **Go to Page 6, Question 32**
- ☐ Yes

29. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- _____ Cigarettes **OR** _____ Packs
- ☐ Less than 1 cigarette a day
 - ☐ I didn't smoke
 - ☐ I don't know

30. In the *last 3 months* of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

Cigarettes OR Packs

- ☐ Less than 1 cigarette a day
- ☐ I didn't smoke
- ☐ I don't know

31. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?

Cigarettes OR Packs

- ☐ Less than 1 cigarette a day
- ☐ I don't smoke
- ☐ I don't know

32. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- ☐ No —————→

Go to Question 35
- ☐ Yes

33. a. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

- ☐ I didn't drink then
- ☐ Less than 1 drink a week
- ☐ 1 to 3 drinks a week
- ☐ 4 to 6 drinks a week
- ☐ 7 to 13 drinks a week
- ☐ 14 drinks or more a week
- ☐ I don't know

b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

Times

- ☐ I didn't drink then
- ☐ I don't know

34. a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- ☐ I didn't drink then
- ☐ Less than 1 drink a week
- ☐ 1 to 3 drinks a week
- ☐ 4 to 6 drinks a week
- ☐ 7 to 13 drinks a week
- ☐ 14 drinks or more a week
- ☐ I don't know

b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

Times

- ☐ I didn't drink then
- ☐ I don't know

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

35. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	N	Y
b. You got separated or divorced from your husband or partner . . .	N	Y
c. You moved to a new address . . .	N	Y
d. You were homeless	N	Y
e. Your husband or partner lost his job	N	Y
f. You lost your job even though you wanted to go on working . . .	N	Y
g. You argued with your husband or partner more than usual	N	Y
h. Your husband or partner said he didn't want you to be pregnant . . .	N	Y
i. You had a lot of bills you couldn't pay	N	Y
j. You were in a physical fight	N	Y
k. You or your husband or partner went to jail	N	Y
l. Someone very close to you had a bad problem with drinking or drugs	N	Y
m. Someone very close to you died . .	N	Y

36. a. During the *12 months before* you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No
- ☐ Yes

b. During the *12 months before* you got pregnant, did anyone else physically hurt you in any way?

- ☐ No
- ☐ Yes

37. a. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- ☐ No
- ☐ Yes

b. During your most recent pregnancy, did anyone else physically hurt you in any way?

- ☐ No
- ☐ Yes

38. How would you describe the time during your pregnancy?

Check one answer

- ☐ One of the happiest times of my life
- ☐ A happy time with few problems
- ☐ A moderately hard time
- ☐ A very hard time
- ☐ One of the worst times of my life

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

39. When was your baby due?

Month

Day

Year

40. When did you go into the hospital to have your baby?

Month

Day

Year

☐ I didn't have my baby in a hospital

41. When was your baby born?

Month

Day

Year

42. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

Month

Day

Year

☐ I didn't have my baby in a hospital

43. After your baby was born, was he or she put in an intensive care unit?

- ☐ No
- ☐ Yes
- ☐ I don't know

44. After your baby was born, how long did he or she stay in the hospital?

- ☐ Less than 24 hours (Less than 1 day)
- ☐ 24–48 hours (1–2 days)
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days or more
- ☐ My baby was not born in a hospital
- ☐ My baby is still in the hospital

45. How was your delivery paid for?

Check all that apply

- ☐ Medicaid
- ☐ Personal income (cash, check, or credit card)
- ☐ Health insurance or HMO
- ☐ RItE Care
- ☐ Other —————> Please tell us:

The next questions are about the time since your new baby was born.

46. What is today's date?

Month

Day

Year

47. Is your baby alive now?

- ☐ No
- ☐ Yes —————>

Go to Question 49

48. When did your baby die?

Month

Day

Year

Go to Page 10, Question 62

49. Is your baby living with you now?

- ☐ No —————>

Go to Page 10, Question 62
- ☐ Yes

50. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- ☐ No
- ☐ Yes —————>

Go to Question 52

51. What were your reasons for not breastfeeding your new baby?

Check all that apply, then go to Question 55.

- ☐ I had other children to take care of
- ☐ I had too many household duties
- ☐ I did not like breastfeeding
- ☐ I did not want to be tied down
- ☐ I was embarrassed to breastfeed
- ☐ I went back to work or school
- ☐ My husband or partner did not want me to breastfeed
- ☐ I wanted my body back to myself
- ☐ Other —————> Please tell us:

52. Are you still breastfeeding or feeding pumped milk to your new baby?

- ☐ No
- ☐ Yes —————>

Go to Question 54

53. How many weeks or months did you breastfeed or pump milk to feed your baby?

Weeks

 OR

Months

☐ Less than 1 week

54. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

Weeks

 OR

Months

☐ My baby was less than one week old

☐ I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Page 10, Question 62.

55. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

Hours

☐ Less than one hour a day

☐ My baby is never in the same room with someone who is smoking

56. How do you *most often* lay your baby down to sleep now? Check one answer

- ☐ On his or her side
- ☐ On his or her back
- ☐ On his or her stomach

57. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- ☐ No —————→ Go to Question 59
- ☐ Yes

58. Was your new baby seen at home or at a health care facility?

- ☐ At home
- ☐ At a doctor's office, clinic, or other health care facility

59. Has your baby had a well-baby checkup?

- ☐ No —————→ Go to Question 62
- ☐ Yes

60. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

_____ Times

61. Where do you usually take your baby for well-baby checkups? Check one answer

- ☐ Hospital clinic
- ☐ Private doctor's office or HMO clinic
- ☐ Community health center
- ☐ Other —————→ Please tell us:

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

62. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- ☐ No
- ☐ Yes —————→ Go to Question 64

63. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check all that apply, then go to Question 65.

- ☐ I am not having sex
- ☐ I want to get pregnant
- ☐ I don't want to use birth control
- ☐ My husband or partner doesn't want to use anything
- ☐ I don't think I can get pregnant (sterile)
- ☐ I can't pay for birth control
- ☐ I am pregnant now
- ☐ Other —————→ Please tell us:

64. What kind of birth control are you or your husband or partner using now to keep from getting pregnant? Check all that apply

- ☐ Tubes tied (sterilization)
- ☐ Vasectomy (sterilization)
- ☐ Pill
- ☐ Condoms
- ☐ Foam, jelly, cream
- ☐ Norplant®
- ☐ Shots (Depo-Provera®)
- ☐ Withdrawal
- ☐ Other —————→ Please tell us:

65. Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth.)

- ☐ No
- ☐ Yes

66. In the months after your delivery, would you say that you were— Check one answer

- ☐ Not depressed at all
- ☐ A little depressed
- ☐ Moderately depressed
- ☐ Very depressed
- ☐ Very depressed and had to get help

The next questions are about your family and the place where you live.

67. Which rooms are in the house, apartment, or trailer where you live? Check all that apply

- ☐ Living room
- ☐ Separate dining room
- ☐ Kitchen
- ☐ Bathroom(s)
- ☐ Recreation room, den, or family room
- ☐ Finished basement
- ☐ Bedrooms —————→ How many? _____

68. Counting yourself, how many people live in your house, apartment, or trailer?

_____ Adults (people aged 18 years or older)

_____ Babies, children, or teenagers (people aged 17 years or younger)

69. What were the sources of your household's income during the past 12 months? Check all that apply

- ☐ Paycheck or money from a job
- ☐ Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
- ☐ Unemployment benefits
- ☐ Child support or alimony
- ☐ Social security, workers' compensation, veteran benefits, or pensions
- ☐ Money from a business, fees, dividends, or rental income
- ☐ Money from family or friends
- ☐ Other —————→ Please tell us:

70. Thinking back to just before you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant?

Check one answer

- ☐ He wanted me to be pregnant sooner
- ☐ He wanted me to be pregnant later
- ☐ He wanted me to be pregnant then
- ☐ He didn't want me to be pregnant then or at any time in the future
- ☐ I don't know
- ☐ I didn't have a husband or partner

71. At any time during your pregnancy, did a doctor, nurse, or other health care worker talk to you about the following things? For each thing, circle **Y** (Yes) if it applies to you or **N** (No) if it does not.

- | | No | Yes |
|---|----|-----|
| a. "Baby blues" or postpartum depression | N | Y |
| b. How much weight you should gain during your pregnancy | N | Y |
| c. Diseases or birth defects that could run in your family or your partner's family | N | Y |
| d. Tests that could be done during your pregnancy to see if your baby had a birth defect or genetic disease | N | Y |

If your baby is not alive or is not living with you, please go to Question 79.

72. Listed below are some things about safety. For each thing, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- | | No | Yes |
|---|----|-----|
| a. My infant was brought home from the hospital in an infant car seat | N | Y |
| b. My baby always or almost always rides in an infant car seat | N | Y |
| c. My home has a working smoke alarm | N | Y |
| d. There are loaded guns, rifles, or other firearms in my home . . . | N | Y |

73. Do you have health insurance, Medicaid, or RItte Care for your new baby?

- ☐ No —————→ Go to Question 75
- ☐ Yes

74. What type of insurance is your new baby covered by?

- ☐ Medicaid
- ☐ RItte Care —————→ Enter Plan Name: _____
(United, Neighborhood, Blue Chip etc.)
- ☐ Private insurance or HMO
- ☐ Other —————→ Please tell us: _____

75. Has your baby gone as many times as you wanted for a well-baby checkup?

- ☐ No
- ☐ Yes —————→ Go to Question 77

76. Did any of these things keep your baby from having a well-baby checkup?

Check all that apply

- ☐ I didn't have enough money or my insurance did not cover it
- ☐ I couldn't get to the doctor's office or clinic during their office hours
- ☐ The doctor's office or clinic was too far away
- ☐ No one at the doctor's office or clinic spoke my language
- ☐ The attitude of the doctor, nurse, or the office staff
- ☐ I couldn't take off from work or school
- ☐ I didn't have anyone to take care of my other children
- ☐ Other —————→ Please tell us: _____

77. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each thing, circle **Y** (Yes) if you would have it or circle **N** (No) if not.

- | | No | Yes |
|--|----|-----|
| a. Someone to loan me \$50 | N | Y |
| b. Someone to help me if I were sick and needed to be in bed . . . | N | Y |
| c. Someone to talk with about my problems | N | Y |
| d. Someone to help me if I were tired and feeling frustrated with my new baby | N | Y |
| e. Someone to take me and my baby to the doctor's office if I have no other way of getting there | N | Y |

78. In general, how easy is it to calm your baby when he or she is crying or fussing?

Check one answer

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat difficult
- ☐ Very difficult

79. Since your delivery, did your husband or partner limit your activities, threaten you, or make you feel unsafe in any other way?

- ☐ No
- ☐ Yes

80. Have you ever heard or read about what can happen if a baby is shaken?

- ☐ No
- ☐ Yes

81. Are you aware that babies are tested in the hospital for the following conditions? For each item, circle **Y** (Yes) if you are aware of this or circle **N** (No) if you are not.

- | | No | Yes |
|---|----|-----|
| a. Hearing loss | N | Y |
| b. Conditions that run in families, such as sickle cell disease and PKU | N | Y |

82. In general, how much do you believe parents can prevent lead poisoning in their children?

- ☐ Parents can completely prevent lead poisoning
- ☐ Parents can somewhat prevent lead poisoning
- ☐ Parents cannot do much to prevent lead poisoning
- ☐ There is nothing parents can do to prevent lead poisoning

83. How many times have you moved in the last three years?

Number of times

84. During the next three years, do you plan on:

Check one answer

- ☐ Staying in your current home or apartment
- ☐ Moving to a different home or apartment in the same neighborhood
- ☐ Moving to a different neighborhood in the same city
- ☐ Moving to a different city

85. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- ☐ No
- ☐ Yes

86. What was the total income before taxes for the people living in your household during the twelve months before your delivery? Check the box that was closest to your income.

- ☐ \$7,999 or less
- ☐ \$8,000 to \$9,999
- ☐ \$10,000 to \$11,999
- ☐ \$12,000 to \$13,999
- ☐ \$14,000 to \$15,999
- ☐ \$16,000 to \$17,999
- ☐ \$18,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$29,999
- ☐ \$30,000 to \$34,999
- ☐ \$35,000 to \$39,999
- ☐ \$40,000 or more

Please use this space for any additional comments you would like to make about the health of mothers and babies in Rhode Island.

Thanks for answering our questions!
Your answers will help us work to make Rhode Island mothers and babies healthier.

Your experiences, thoughts and feelings are important! Please complete the survey and mail it in the enclosed postage paid envelope. Your help is voluntary, and your answers are completely confidential. Your answers will help us improve the health of mothers and babies throughout Rhode Island.

If you would like to learn more about PRAMS, call the Family Health Information Line at 1-800-942-7434. Our staff speaks English and Spanish.



This finishes the interview. However, when your baby is two years old, we would like to contact you to see how he/she is doing. Would you please write your correct address and phone number AND the address of a friend or relative who would know how to reach you if you move? As with all the information, this will be kept completely private and we would only contact them if we could not reach you. When the Department of Health receives your completed survey, this page will be immediately separated from your survey responses.

YOUR NAME

ADDRESS

PHONE NUMBER

CONTACT NAME

ADDRESS

PHONE NUMBER